

<div>Purchase Request</div> <div>Use prescribed in NIH Manual 26013-01</div>	<div>Instructions:</div> <div>The <b>Requester</b> completes Sections 1, 2, and 3. The <b>Ordering Official</b> completes the rest of the form.</div>	Date Submitted
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1. Requester			
Requester's Name (type or print)	Organization	CAN	O.C. CODE
Delivery Point (building/room)	Phone No.	Date Needed	DECAL/COST ADJUST. NEEDED
Requester's Signature	Internal Approval (signature)	Internal Approval (signature)	

2. Recommended Sources (Provide three sources, if possible. Competition is required for open market and non-mandatory FSS orders over \$2,500.)		
Name of First Vendor		Company Clerk's Name
EIN	FSS No.	Phone No.
Name of Second Vendor		Company Clerk's Name
EIN	FSS No.	Phone No.
Name of Third Vendor		Company Clerk's Name
EIN	FSS No.	Phone No.

3. Ordering Information						4. Totals
Item No.	DESCRIPTION	QTY.	Unit of Issue	LIST PRICE	DISC. PRICE	ESTIMATED PRICE

5. Ordering Mechanism					
<input type="checkbox"/> NIH Stock Requisition	<input type="checkbox"/> BPA (OM)	<input type="checkbox"/> APR	<input type="checkbox"/> Reprints/Publications Costs		
<input type="checkbox"/> GSA Fedstrip	<input type="checkbox"/> SF 44	<input type="checkbox"/> RQM	<input type="checkbox"/> Scientific Repairs		
<input type="checkbox"/> BPA (FSS)	<input type="checkbox"/> IDC	<input type="checkbox"/> Professional Services			
Date Ordered	Card Holder's Name	Card Appr. Officer	For radioisotope orders only: Complete Form NIH 88-1, "Request for Purchase and Use of Radioactive Materials."	Clearance no. of approved radioisotope purchaser	
DELPRO Order No.	BPA/IDC Source No.	Competition Required?	Clearances Required?	Clearance Obtained?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**6. Mandatory Source Availability**

Are any of the items available from these sources? If "yes," and you are not using the mandatory source, explain why in Item 7.

YES NO

- ☐ ☐ NIH Surplus  
☐ ☐ NIH Required Source (MAPB, Glassware, etc.)  
☐ ☐ NIH/GSA Stock

YES NO

- ☐ ☐ UNICOR  
☐ ☐ Blind/Severely Disabled  
☐ ☐ Mandatory FSS Schedules

**7. Justification for Not Selecting Mandatory Source**

- ☐ Compatibility with existing equipment. *Explain:* \_\_\_\_\_
- ☐ NIH Stores out of stock and urgently needed. *Explain:* \_\_\_\_\_
- ☐ NIH stock item is unacceptable because: \_\_\_\_\_
- ☐ Mandatory FSS vendor is unacceptable because: \_\_\_\_\_
- ☐ Other (*specify*): \_\_\_\_\_

**8. Justification for Sole-source or Other than Small Business on Either Open Market or Non-mandatory FFS Schedule (Check all that apply.)**

- ☐ Sole-source: Proprietary data/patent, etc. (FAR 6.302-1.) *Explain:* \_\_\_\_\_
- ☐ Sole-source: Quality of product required for on-going experiments. (FAR 6.302-1.) *Explain:* \_\_\_\_\_
- ☐ Sole-source: Urgent and compelling requirement. (FAR 6.302-2.) *Explain:* \_\_\_\_\_
- ☐ Small business is unable to deliver within required timeframe. *Explain:* \_\_\_\_\_
- ☐ Unable to locate small business source(s) for item(s). *Explain:* \_\_\_\_\_
- ☐ Other (*specify*): \_\_\_\_\_

**9. Competition (For open market and non-mandatory FSS orders over \$2,500.)**

Vendor 1			Vendor 2		
List Price	Discount Price	Phone No.	List Price	Discount Price	Phone No.
Comments			Comments		
Date Called		Company Clerk's Name	Date Called		Company Clerk's Name

  

Vendor 3			10. Price Reasonableness (Check all that apply.)	
List Price	Discount Price	Phone No.	<input type="checkbox"/> Lowest price quoted.	
Comments			<input type="checkbox"/> Comparison with prices on previous buys where price analysis performed.	
Date Called			Previous order no. _____ Date _____	
Company Clerk's Name			<input type="checkbox"/> Other ( <i>specify</i> ): _____	